

Considerations for Health Care Providers and Care Facilities: HPAI A(H5N1)

Clinicians should consider the possibility of HPAI A(H5N1) virus infection in persons **WITH relevant exposure history** showing signs or symptoms of acute respiratory illness or conjunctivitis. Exposure window is 10 days prior to symptom onset.

Exposure History:

- Along with clinical sign and symptoms obtaining an accurate history and possible exposure risk is key to safeguarding you and your patients.
- Those with the highest risk are patients with a history of working with infected animals or at facilities where HPAI has been identified. Including but not limited to:
 - Farm Works
 - Depopulation and/or Disposal Consultants
 - State or Federal Responders
- No known person-to-person spread has been identified. If exposed symptomatic individuals have family members or close contacts who develop symptoms consistent with those outlined above, those persons should also be considered for influenza screening.
- Per the Iowa Department of Agriculture and Land Stewardship it is safe to consume properly prepared and cooked poultry, eggs or their derivative products. Therefore, Iowa HHS would not consider their consumption a potential exposure.
- Due to the lack of historic person-to-person spread during this ongoing response in the U.S., the CDC deems the risk low to the public.

Signs/symptoms:

- Uncomplicated upper respiratory tract signs and symptoms with or without fever, including influenza-like illness (ILI) [fever $\geq 100^{\circ}\text{F}$ plus cough or sore throat]
- Fever (temperature of 100°F [37.8°C] or greater) or feeling feverish
- Cough, sore throat, runny or stuffy nose, muscle or body aches, headaches, fatigue
- Eye redness (or conjunctivitis)
- Shortness of breath or difficulty breathing.
- Less common signs and symptoms are diarrhea, nausea, or vomiting.
- Patients will not always have standard symptoms. Fever may not occur in infected persons of any age, particularly in persons aged 65 years and older or people with immunosuppression. The absence of fever should not supersede

clinical judgment when evaluating a patient for illness compatible with novel influenza A virus infection.

Next steps:

- If the patient has signs/symptoms and a **suggestive exposure history**, isolate the patient and follow the infection control recommendations below.
 - Use proper personal protective equipment and collect respiratory specimens from the patient to test for novel influenza A viruses at a public health laboratory (e.g., state health department virology laboratory).
 - Consider initiate empiric antiviral treatment as soon as possible.
 - Notify the state or local health department.
- Infection prevention and control recommendations:
 - If possible, move the patient to airborne infection isolation room (AIIR) or a private room.
 - Standard contact and airborne precautions should be used along with eye protection.
 - Health care personnel should always wear recommended personal protective equipment (PPE) when providing patient care.

Monitor and Manage Ill and exposed Healthcare Personnel:

- HCP who are potentially exposed to patients covered by this guidance should be advised to report any signs or symptoms of acute illness to their supervisor for a period of 10 days after the last known contact with the sick patient.
 - Facilities should consider dedicating HCP caring for these patients to minimize risk of transmission and exposure to other patients and other HCP.
 - Facilities should keep track of all HCP (e.g., clinicians, environmental services workers, food service) who care for or enter the rooms of these patients.
- HCP who develops any respiratory or conjunctival symptoms after any contact with patients covered by this guidance should not report for work. These HCP should:
 - Notify occupational health services, their supervisor, or other appropriate individual about their symptoms.
 - Isolate themselves at home.
 - Implement respiratory hygiene and cough etiquette (e.g., wear a facemask),
 - Seek prompt medical evaluation.
 - Comply with exclusion from work until they are no longer deemed infectious to others.

- If novel influenza virus A virus infection is suspected, antiviral treatment should be started as soon as possible after symptom onset, especially for HCP with underlying medical conditions that may put them at increased risk for complications of influenza.
- For asymptomatic HCP who have been judged to have had an **unprotected exposure** (e.g., within 2 meters of a symptomatic patient with novel influenza A virus infection without use of recommended respiratory protection and eye protection):
 - Exclude the provider from work until 10 days after their last exposure to monitor for signs and symptoms of respiratory illness.
 - If necessary to ensure adequate staffing of the facility, the asymptomatic healthcare worker could be considered for continuing work if they (all three criteria should be met) criteria should be met:
 - Have a negative influenza molecular assay result on upper respiratory tract specimens.
 - Are started on post-exposure antiviral chemoprophylaxis within 2 days of the exposure.
 - Wear a facemask for source control. The facemask should be worn at all times while in the healthcare facility during a probable incubation period, e.g., 10 days after the exposure unless in a situation where a higher-level of respiratory protection is indicated (e.g., entering the room of a patient on Airborne Precautions). Antiviral chemoprophylaxis should continue for the duration of the potential incubation period.
- Both HCP and patients should be reminded that persons treated with influenza antiviral medications continue to shed influenza virus while on treatment. Thus, hand hygiene, respiratory hygiene and cough etiquette practices should continue while on treatment. Please refer to [CDC's Antiviral recommendations](#).

Considerations for facilities and organizations providing healthcare to areas effected by HPAI:

- Implement sick leave policies for HCP that are non-punitive, flexible and consistent with public health guidance (e.g., policies should allow and encourage HCP who may have infections due to agents covered by this guidance to stay home, unless hospital admission for isolation and treatment is recommended).
- Ensure that all HCP encompassed by these policies are aware of the sick leave policies.
- Establish procedures for tracking absences and promptly identify HCP who may have infections due to agents covered by this guidance.

- Ensure that HCP have ready access, including via telephone, to medical consultation and, if needed, prompt treatment.
- Provide all HCP with job- or task-specific education and training on preventing transmission of infectious agents, including refresher training when an outbreak of respiratory disease is detected in the healthcare facility.
- Follow facilities environmental infection control protocol:
 - Ensure proper cleaning and disinfection procedures are being followed, utilizing an appropriate disinfectant ([EPA List M](#)).
 - CDC's [Guidelines for Environmental Infection Control in Health-Care Facilities](#)
- Consider visitor access and movement within the facility to minimize potential exposures.
- Remember to reach out to your local public health representatives with questions or concerns. Open communication is key to infection prevention and effective risk management.

Supplemental Information:

1. Highly Pathogenic Avian Influenza A(H5N1) Virus: Interim Recommendations for Prevention, Monitoring, and Public Health Investigations:
<https://www.cdc.gov/bird-flu/prevention/hpai-interim-recommendations.html>
2. Interim Guidance on the Use of Antiviral Medications for Treatment of Human Infections with Novel Influenza A Viruses Associated with Severe Human Disease: https://www.cdc.gov/bird-flu/hcp/novel-av-treatment-guidance/?CDC_AAref_Val=https://www.cdc.gov/flu/avianflu/novel-av-treatment-guidance.htm
3. Guidelines for Environmental Infection Control in Health-Care Facilities: [Guidelines for Environmental Infection Control in Health-Care Facilities: Recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee \(HICPAC\)](#)
4. Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings [section IV.F. Care of the environment]: [Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings \(2007\)](#)
5. [EPA's Registered Antimicrobial Products Effective Against Avian Influenza \[List M\]](#)